PRINTED: 03/16/2010 FORM APPROVED

Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED A. BUILDING B. WING _ NVS666HOS 03/05/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER

UMC OF SOUTHERN NEVADA		1800 W CHARLESTON BLVD LAS VEGAS, NV 89102			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Surveyor: 28849 This Statement of Deficiencies was generate a result of a complaint investigation conduct your facility on 3/4/2010 and finalized on 3/5/2010, in accordance with Nevada Administrative Code, Chapter 449, Hospitals Complaint #NV00024669 was substantiated a deficiency cited (See Tag #092). Complaint #NV00024655 was substantiated a deficiency cited (See Tag #514). Complaint #NV00023725 was unsubstantiated The findings and conclusions of any investig by the Health Division shall not be constructed.	ed in s. with with ed. gation d as	S 000		
S 292	prohibiting any criminal or civil investigations actions or other claims for relief that may be available to any party under applicable feder state or local laws. The following deficiencies were identified:		S 292		
S 292 SS=D	NAC 449.361 Nursing Services 3. The nursing service shall have a sufficier number of licensed registered nurses, licens practical nurses and other personnel to provinursing care to all patients as needed. A sufficient number of registered nurses and of members of the nursing staff must be on dut all times to ensure that proper care is provide each patient. A person who is not a registered nurse may be assigned to care for a patient, (a) The extent of care provided by the person consistent with his education and experience is within his scope of practice; and (b) The person is supervised by a registered nurse while providing that care. This Regulation is not met as evidenced by:	eed ride ther ty at ed to ed if: n is e and	O 292		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

PRINTED: 03/16/2010 FORM APPROVED Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS666HOS 03/05/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1800 W CHARLESTON BLVD **UMC OF SOUTHERN NEVADA** LAS VEGAS, NV 89102 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 292 Continued From page 1 S 292 Surveyor: 28849 Based upon record review and interview, the facility did not ensure that there was a sufficient number of Registered Nurses on duty at all times. Specifically, on 02/19/10, there were not enough Registered Nurses to care for patients staffed and present in the Medical Pod of the Adult Emergency Department for approximately 25 minutes. The staffing plan required 1 staff member for 3 patients. During that time period, there was 1 staff member for 9 patients. S 514 NAC 449.379 Medical Records S 514 SS=E 5. A hospital must have a procedure for ensuring the confidentiality of the medical records of its patients. Information from or copies of medical records may be released only to authorized persons, and the hospital shall ensure that unauthorized persons cannot gain access to or alter the medical records of its patients. Original medical records may be released by the hospital

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only in accordance with state or federal law, court

Based on interview and record review, the facility failed to maintain an accountability system and follow its policy regarding recycling bin keys

This Regulation is not met as evidenced by:

orders or subpoenas.

Surveyor: 26251

accountability.